

Fire Department Information

Please complete your department information and mail to the State Fire Marshal's Office, 246 S 14th St, Lincoln, NE 68508-1804 or email to carmen.flynn@nebraska.gov. This information will be used for mailings and statistical purposes. Required fields are marked with an asterisk (*). This form should also be used to notify the State Fire Marshal's Office of any changes to previously submitted information.

Mailing Addresses:

1. **Fire Department:**

*Name _____

*Address (Physical) _____ (Mailing) _____

*City _____ Zip Code _____

*Phone _____ *Email _____

***Nebraska Fire Incident Reporting System (NEFIRS) Contact Name, Phone #, Email**

2. **Fire Chief:**

*Name _____

Address _____

City _____ Zip Code _____

*Daytime Phone _____ *Evening Phone _____

Cell Phone _____ Pager _____

*Email address _____

3. **Assistant Fire Chief:**

*Name _____

Address _____

City _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

Cell Phone _____ Pager _____

Email address _____

4. **Training Officer (if different than above):** Name _____ Phone _____

Fire Department Information:

5. *All mail should be sent to:
Fire Department address _____ Fire Chief address _____ Assistant Fire Chief address _____

6. *Does the Fire Chief receive monetary compensation of \$50 or more from the fire department for the performance of his/her duties? Yes _____ No _____

7. *Number of firefighters currently on the department (please enter the actual number in the spaces and not an "X")
Number Paid _____ Number Volunteers Paid Per Call _____ Number Volunteers _____

8. *Is your department: Fire only _____ Fire and Rescue _____
Career (100% paid) _____ Combination (paid & volunteer) _____ All Volunteer (100% volunteer) _____

9. *Number of stations _____

10. *Is your Department part of a fire district? Yes _____ No _____ If Yes, name of District: _____

11. Population protected (this is an estimate of the number of people living in your jurisdiction) _____